



**NEW JERSEY DEPARTMENT OF TRANSPORTATION
DIVISION OF AERONAUTICS
INSPECTION & AIRCRAFT OPERATIONS**

<http://www.state.nj.us/transportation/commuter/aviation/>

Phone: 609-530-2900/Fax: 609-530-4549

APPLICATION FOR AERONAUTICAL ACTIVITY LICENSE

TYPE OF AIRCRAFT: Airplane ☐ Helicopter ☐ Parachute ☐ Balloon ☐
(Check all that apply) Other ☐ (Specify):

Fee: \$15.00 - Payable by check/money order/bank draft to: NJDOT Division of Aeronautics

Date: _____

The undersigned hereby applies for an Aeronautical Activity License for a period of one (1) year commencing on _____, as provided pursuant to the provisions of New Jersey Statutes Annotated (N.J.S.A.) Title 6, Aviation, as amended and supplemented, and the New Jersey Administrative Code (N.J.A.C.) 16:55.

The information contained herein, and such additional information as may be submitted by the applicant in connection with this application, is submitted in order that the Commissioner of the New Jersey Department of Transportation may properly evaluate the applicant's ability to render the service to the public which is to be offered under the privileges of the License herein applied for.

It is understood that if any of the information contained in this application or any additional information which may be submitted in connection therewith is found to be false, such false statements shall constitute good and sufficient cause for the Commissioner to revoke any License issued in response to this application. The following items of information are numbered for the purpose of convenience in identifying them for discussion and consideration:

1. APPLICANT INFORMATION			
NAME			NJ TAX ID NO.
BUSINESS ADDRESS		ADDRESS 2	
CITY	STATE	ZIP	MANAGER (if different from above)
PHONE		EMERGENCY PHONE	
FAX		E-MAIL ADDRESS	
Home Address		Address 2	
City	State	Zip	
Home Phone	Other		

NJ DEPARTMENT OF TRANSPORTATION, DIVISION OF AERONAUTICS, 1035 PARKWAY AVE, PO BOX 610, TRENTON, NJ 08625

A. ACTIVITY INFORMATION (Please fill in all fields)			
LICENSE NAME		ASSOCIATED AIRPORT	
TOWNSHIP		COUNTY	
LATITUDE N	LONGITUDE W		ELEVATION
B. NEW JERSEY BASE OF OPERATION (Principle Business Office)			
NAME OF OPERATION		MAIN PHONE	EMERGENCY PHONE
ADDRESS		ADDRESS 2	
CITY	STATE	ZIP	
ALTERNATE PHONE	FAX	E-MAIL	
C. ALTERNATE AERONAUTICAL FACILITIES USED (If different from above)			
NAME		MAIN PHONE	EMERGENCY PHONE
ADDRESS		ADDRESS 2	
CITY	STATE	ZIP	
ALTERNATE PHONE	FAX	E-MAIL	

Provide the above information for each facility used in this activity (use separate sheet if necessary).

2. CORPORATE INFORMATION:
If a corporation, attach a list of directors, addresses and affiliations. Also file with application a certified copy of resolution of directors authorizing the application. If an out-of-State corporation, attach appropriate State of New Jersey documentation. If an individual or group of individuals, attach names and addresses of all interested parties.
Corporation: Yes <input type="checkbox"/> No <input type="checkbox"/>

3. AERONAUTICAL ACTIVITY:	Aerial Application <input type="checkbox"/>	(must complete Appendix A)
	Aerial Advertising <input type="checkbox"/>	(must complete Appendix B)
	Sport Parachute Center <input type="checkbox"/>	(must complete page 4 - Pilot and Aircraft Information)

4. OPERATING SCHEDULE:

If granted the License applied for, the operation will be open for business and records and equipment will be available for inspection by a duly authorized representative of the NJDOT Division of Aeronautics during the following days and hours of the week:

Sunday	<input type="checkbox"/>	Hours:	
Monday	<input type="checkbox"/>	Hours:	
Tuesday	<input type="checkbox"/>	Hours:	
Wednesday	<input type="checkbox"/>	Hours:	
Thursday	<input type="checkbox"/>	Hours:	
Friday	<input type="checkbox"/>	Hours:	
Saturday	<input type="checkbox"/>	Hours:	

5. INSURANCE INFORMATION:

Company:

Type:

Policy No:

**Please attach a copy of your
Declaration Page to this application.

Amount:

6. Have you ever been licensed to operate in New Jersey? Yes ☐ No ☐

If yes, when and where:

7. Have you ever had a license for aeronautical operations suspended, revoked or denied in this or any other state? Yes ☐ No ☐

If yes, when, where, and why:

When?

Where?

Why?

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PILOT INFORMATION <i>(For Sport Parachute Center Only)</i>		
NAME	LICENSE NUMBER	RATING

AIRCRAFT INFORMATION		
MAKE	MODEL	FAA REG. NO.

IN PERFORMING THE FUNCTIONS FOR WHICH THE LICENSE MAY BE ISSUED, THE APPLICANT AGREES TO ABIDE BY THE LAWS OF THE STATE OF NEW JERSEY, AND ANY AND ALL RULES FOR REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION, DIVISION OF AERONAUTICS.

Name: _____

Signature: _____

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FOR USE BY THE DIVISION OF AERONAUTICS ONLY

<u>Delinquent Documents:</u>	Airport Owner Certification	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	FAA Waiver/Certification	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	List of Pilots	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Aircraft Specs/Performance Data	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Diagram/Sketch	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Appropriate Fee	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
INSPECTOR NOTES:				

RECOMMEND: **Approval** ☐

Disapproval ☐

Inspector's Signature_____
Date

BUREAU CHIEF:	
Signature: _____	
Date _____	
Screened by NJ Department of Transportation	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Reason(s) for Disapproval	

1. Name of Applicant:
2. Name(s) Address(es), Rating and Certificate Number(s) of all certificated persons employed in this operation:
3. List all aircraft used in this operation by make, model, FAA registration, name and address of registered owner (attach additional sheet if necessary):
4. Provide a copy of the following documents:
 - FAA Waiver
 - FAA Form 337
 - FAR Part 137 Certificate
 - Copy of NJ DEP Certification of Pesticide Application (N.J.A.C. 7:30-3)

1. Name of Applicant:
2. Name(s) Address(es), Rating and Certificate Number(s) of all certificated persons employed in this operation:
3. How will each pilot be briefed and familiarized with the approved banner pick up and drop area(s) and pattern? (for banner towing operation only)
4. List all aircraft used in this operation by make, model, FAA registration, name and address of registered owner (attach additional sheet if necessary):
5. Provide a copy of the following documents:
 - FAA Waiver
 - FAA Form 337
 - Sketch of Banner pickup/drop area per N.J.A.C. 16:54